

Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds (for Indiana Only)

Policy Number: CS041IN.04
Effective Date: September 1, 2021

[Instructions for Use](#)

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Related Policy

- [Lithotripsy for Salivary Stones \(for Indiana Only\)](#)

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release:

- CP: Procedures, Plantar Fasciitis, Extracorporeal Shock Wave Therapy (ESWT)
- LOC: Outpatient Rehabilitation & Chiropractic:
 - Soft Tissue Disorders, Elbow: Rehabilitation (Adult)
 - Soft Tissue Disorders, Foot & Ankle: Rehabilitation (Adult/Adolescent/School Age)

Click [here](#) to view the InterQual® criteria.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle

CPT Code	Description
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA has classified extracorporeal shock wave therapy (ESWT) products as class III devices through the premarket approval program (PMA) under the product code NBN (generator, shock-wave, for pain relief).

Devices used for extracorporeal shock wave therapy are extensive. Refer to the following website for more information and search by product name in device name section: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed June 3, 2021)

Policy History/Revision Information

Date	Summary of Changes
09/01/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CS041IN.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.